# WILLMER FOWLER, JR. PISTOL PERMIT SUPERVISOR

1.)



92 Franklin Street Buffalo, New York 14202 716/858-6600

## CHRISTOPHER L. JACOBS ERIE COUNTY CLERK

#### **Pistol Permit Department**

# PLEASE READ <u>MANDATORY</u> INSTRUCTIONS CAREFULLY AND COMPLETE <u>ALL</u> STEPS BEFORE SUBMITTING APPLICATION IN PERSON Failure to do so may result in the delay of, or inability to accept your application.

- 2.) USE BLACK INK ONLY PLEASE TYPE OR PRINT. Your phone number must be listed on the upper left hand corner of the enclosed two (2) State Applications (PPB-3) and they must be completed and submitted WITH SIGNATURES. No copies. The spaces indicating "LICENSE NUMBER", "COUNTY ISSUE", "CODE", "DATE OF ISSUE" AND "NYSID NUMBER" ARE TO BE LEFT BLANK. Beginning with your last name, FILL IN ALL THE INFORMATION IN THE GREY SHADED AREAS. Then continue by completing the rest of the information.
- **3.)** The applicant's signature **MUST be ACKNOWLEDGED ON ALL FORMS**, by either a Notary or Commissioner of Deeds. **The Jurat** is for the Notary or Commissioner of Deeds signature.
- **4.)** Applicants must be twenty-one **(21)** years of age. Immigration documentation is required for non-citizen applicants. For U.S. Citizens born outside of the United States, proof of citizenship must be provided.
- 5.) Please submit with your application two (2) photographs 2" x 2" (inches) black and white or color. NO MACHINE OR AMATEUR PHOTOGRAPHS will be accepted. PLEASE PRINT YOUR NAME ON THE BACK OF EACH PICTURE. Pictures are available for a \$10 fee next door in the Erie County Clerk's Administrative Office.
- 6.) ALL REFERENCES MUST LIVE IN ERIE COUNTY. All references MUST sign BOTH State Applications. In addition, your four (4) character references must live in your city, town, or village, unless prior written approval is obtained from your local Police Agency and such approval must be with your application.
- **7.)** Applicants must have instructions in the safe handling of firearms from a certified instructor, and proof of such training must be submitted with the application.
- 8.) All applicants must complete form entitled affidavit. This portion of the form must also be notarized.
- **9.)** The backs of BOTH applications (Forms PPB-3/PPB-3A) **must** contain the applicant's **SIGNATURE** and **ADDRESS**, directly above the section labeled "INVESTIGATIVE REPORT".
- **10.)** If you are requesting **Personal and/or Business Protection** and are applying for **Personal** Protection, you must **STATE IN DETAIL YOUR NEED FOR SUCH PROTECTION.** This portion of the affidavit must also be notarized.
- 11.) If you are requesting **Personal and/or Business Protection** and are applying for **Business** Protection, you must complete the Business Protection Affidavit, **STATING IN DETAIL YOUR NEED FOR SUCH PROTECTION**. If you are the owner of a business, please submit a copy of your corporate minutes indicating your position with the business, DBA or Business Certificate. If you are applying for a license in connection with present or proposed employment, you must submit a letter from your employer on company letterhead or a notarized letter from your employer verifying both your employment and the need for you to carry a weapon as part of your employ. This portion of the affidavit must also be notarized. Submit with your completed application.
- 12.) IF YOU HAVE EVER BEEN ARRESTED, OR CHARGED FOR ANY OFFENSE EXCEPT MINOR TRAFFIC INFRACTIONS (SPEEDING OR STOP SIGNS) YOU MUST SUBMIT A CERTIFICATE OF DISPOSITION FOR EACH ARREST WITH YOUR APPLICATION. Certificates of Disposition can be obtained from the Court where your case was heard. YOUR FAILURE TO DISCLOSE ANY CRIMINAL CHARGE, (EVEN IF DISMISSED AND SEALED), WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION.
- 13.) COMPLETED APPLICATION MUST BE SUBMITTED IN PERSON before 4:00 pm (3:00 pm\*) to the Erie County Pistol Permit Department. The application MUST BE ACCOMPANIED BY A NON-REFUNDABLE \$20.00 permit processing fee, payable by cash, personal check or money order.

The fingerprinting process will be explained with the submission of your completed application.

**14.) Erie County Pistol Permit Hours:**\*Except (July 1st - Labor Day)

Monday - Friday from 9:00 am - 4:45 pm
Monday - Friday from 9:00 am - 4:15 pm

## **AFFIDAVIT-ALL QUESTIONS MUST BE ANSWERED**

(Name in full)	(Maiden Name)	(Physical Addres	ss)
<u></u>	(Mailing Address if different )		,
in the County of Erie, State of N the following:	New York being an applicant for a handgun	permit, and being duly	sworn, depose and make answer to
1) Are you an active dues-payir	ng member of a bonafide gun club? Circle ent of activity:		NO
2) Relate any prior experience	(training with weapons) such as military ser	vices, gun clubs, hunti	ng, etc
3) What provisions have you m	ade to keep weapon secreted in the home, or	place of business? Ex	plain:
4) Are there children residing in	n your home? Circle One YES	NO Ages	
5) Explain when and during wh	at hours the weapon will be in your physical	l possession:	
6) Are you receiving treatment	for any illness? If so, state the nature of you	r illness:	
7) Do you have any physical or	visual disabilities? If yes, explain:		
8) Please designate a person who f your subsequent incapacity of	no will be responsible for notifying the pistol or death:	l permit office and surr	rendering your gun(s) in the event
Name:	Ph	none:	
Address:			
9) If you are not a citizen of the	United States, why do you require a permit	?	
Sworn to and subscribed before	me this day		
		Signature of a	pplicant
		Notary public or C	Commissioner of Deeds
REQUEST FOR PERSO	ONAL AND/OR BUSINESS PROT	ECTION ON PIS	TOL PERMIT
1) Reason for request in de	etail:		
2) Hours when permit will	be carried for business or personal p		
Sworn to me this	day of		20
	•		
NOTARY PUBLIC, COMMISSIONER	R OF DEEDS. JUDGE OR JUSTICE APP	LICANT'S SIGNATURE IN	N FULL

Cell Phone #	Home Phone #	
E-Mail Address		
Applicants Name		
Address		
Country of Birth_ Any additional last names you were known	vn by:	
Character References-No l	Relatives or Employees of the Erie County Sheriff's I	Department
NAME:	/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
	Date of Birth:	
	_/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
	Date of Birth:	
	/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
	Date of Birth:	
	/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
Work Phone #	Date of Birth:	

## **NOTICE TO APPLICANT:**

YOUR CHARACTER REFERENCES WILL BE INVESTIGATED FOR A PAST CRIMINAL HISTORY. A CHARACTER REFERENCE WITH AN ARREST RECORD COULD BE UNACCEPTABLE AND DELAY YOUR APPLICATION.

THE FINGERPRINTING PROCESS WILL BE EXPLAINED TO YOU UPON RECEIPT OF YOUR COMPLETED APPLICATION

## PERSONAL INFORMATION REGARDING APPLICANT

## TO BE COMPLETED BY INVESTIGATING OFFICER

NAME: Date Interviewed
Investigating Officer (Print Name):
Date of Birth: Place of Birth:
Present Address:
Former Address:
Employer:
Address of Employer:
How Long? Job Title:
Former Employer:
Address:
1) Children: Living/using area where handgun will be stored, kept or used?
(Circle one) YES NO Ages:
If yes, how will they be safeguarded?
2) Do you drink alcoholic beverages to excess or use any medication or drug that might impair your judgment?
If yes, explain:
3) Do you have any personal, mental or emotional problem which could cause you to act in any manner which would be a threat to public safety if you were armed?
If yes, explain:
4) Reason for permit:
5) Police Record:
Additional Information: